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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/712,324
	Filing Date	11/13/03
	First Named Inventor	Bill Riel
	Art Unit	3672
	Examiner Name	Daniel P. Stephenson
	Attorney Docket Number	20517.034

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 42922

☒ Please change the correspondence address for the above-identified application to:

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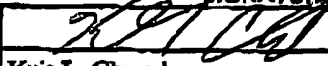
<input checked="" type="checkbox"/> Firm or Individual Name	Charles D. Gunter, Jr.					
Address	Whitaker, Chalk, Swindle & Sawyer, LLP 301 Commerce Street, Suite 3500					
City	Fort Worth	State	TX	ZIP	76102-4186	
Country	US					
Telephone	817/878-0500	Email	egunter@whitakerchalk.com			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Kris L. Church		
Date	10/31/05	Telephone	(936) 760-2700

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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